DR 2098 (10/15/07)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
TITLE SECTION

REPAIR SHOP REGISTRATION

Business License #	Colo Acct #		FEIN		
Name of Dancis Chan	Sir Chan		Pusinger Hours		
Name of Repair Shop			Business Hours		
Name of Applicant					
Business Address		City	State	е	ZIP
E-Mail Address					
Mailing Address		City	State	е	ZIP
Telephone Number		Fax Number			
Name of Storage Facility		Business Hours			
Storage Address		City	State	e	ZIP
Telephone Number					
Owner/Operator conducting operation as:	Partnership	Corporation	Limited Liabi	lity Company	Agent
If operation is conducted by an individual , please list the individual's name and address:					
If operation is conducted by a partnership , please list the names and addresses of the partners:					
If operation is conducted by a corporation , please list the names and addresses of the directors and officers:					
What state is the corporation incorporated in:					
What is the address of the principal office within Colorado:					
If operation is conducted as a LLC, please list the names and business address of each member:					
In which state is the LLC organized:					
What is the address of the principal office within Colorado:					
If operation is conducted by an agent, please list the name and address of the parent company:					
My signature below acknowledges my understanding that searches and information obtained from the Colorado Division of Motor Vehicles <i>shall</i> be used only to process vehicles abandoned at my repair shop, in accordance with C.R.S. 42-4-2104.5. I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge.					
I certify under penalty of perjury in the second degree, that the above Signature of applicant	ve racis are true and c	correct to the best	or my knowledge	Date	